

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Buschke et al.) Examiner: Washburn, Douglas N.
Serial No.: 10/530,797)
Filing Date: September 26, 2005) Confirmation No.: 4402
Title: Ultrasonic Inspection Apparatus for Inspecting a) Art Unit: 2863
Work Piece) Docket No.: 100143.00005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

**PETITION AND FEE FOR EXTENSION
OF TIME UNDER 37 C.F.R. § 1.136(a)**

Dear Sir:

Applicant hereby requests a three-month extension of time in which to respond to the Office Action mailed March 14, 2007 to thereby extend the period for response from June 14, 2007 to September 14, 2007.

Authorization is given to charge the \$1020.00 fee for Large Entity associated with this extension of time to Deposit Account No. 50-3569. If any additional fee is required, please accept this as authorization to charge Deposit Account No. 50-3569.

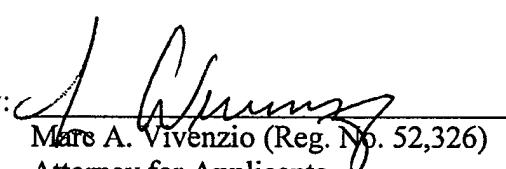
04/17/2008 CKHLOK 0000007 503569 10530797

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1050.00 DA

Respectfully submitted,

Date: October 16, 2007

By: 
Marc A. Vivenzio (Reg. No. 52,326)
Attorney for Applicants

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	04/09/08	2 Serial/Patent #	10/530,797	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	EXT/	10/16/07	\$ 1,050.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,050.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	X	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment		9 5 0 -- 3 5 6 9	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
EXTENSION OF TIME FEE PAID WITH PETITION TO REVIVE, EXTENSION FEE IS UNNECESSARY.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		April M. Wise		TITLE: Petitions Examiner
SIGNATURE:		/APRIL M. WISE/		PHONE: 571-272-1642
OFFICE:		Office of Petitions		
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APPROVED:		DATE: 4/17/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B